SAO 43.5 Administrative Office of the United States Courts FOR COURT USE ONLY (Rev. 03/08) DUE DATE: TRANSCRIPT ORDER Please Read Instructions: 1. NAME 2. PHONE NUMBER 3. DATE Randy Olen, Esq. (401) 274-1400 1/10/2014 4. MAILING ADDRESS 5. CITY 6. STATE 7. ZIP CODE 478A Broadway Providence RI 02909 8. CASE NUMBER 9. JUDGE DATES OF PROCEEDINGS 1:11-cr-00186-S Smith 10. FROM 5/14/2013 11. TO 5/14/2013 12. CASE NAME LOCATION OF PROCEEDINGS U.S. v. Carmadre 13. CITY Providence 14. STATE RI 15. ORDER FOR **X** APPEAL CRIMINAL CRIMINAL JUSTICE ACT BANKRUPTCY NON-APPEAL CIVIL IN FORMA PAUPERIS OTHER 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) PORTIONS DATE(S) PORTION(S) DATE(S) VOIR DIRE TESTIMONY (Specify Witness) OPENING STATEMENT (Plaintiff) OPENING STATEMENT (Defendant) CLOSING ARGUMENT (Plaintiff) PRE-TRIAL PROCEEDING (Spcy) CLOSING ARGUMENT (Defendant) OPINION OF COURT JURY INSTRUCTIONS X OTHER (Specify) SENTENCING Chambers Conference May 14, 2013 BAIL HEARING 17. ORDER ORIGINAL ADDITIONAL CATEGORY (Includes Certified Copy to FIRST COPY NO OF PAGES ESTIMATE COSTS COPIES Clerk for Records of the Court) NO. OF COPIES × ORDINARY NO. OF COPIES 14-Day NO. OF COPIES EXPEDITED NO. OF COPIES DAILY NO. OF COPIES HOURLY REALTIME CERTIFICATION (18, & 19.) ESTIMATE TO TALE By signing below, I certify that I will pay all charges (deposit plus additional). 0.00 18. SIGNATURE PROCESSED BY 19. DATE PHONE NUMBER 1/10/2014 TRANSCRIPT TO BE PREPARED BY COURT ADDRESS DATE BY ORDER RECEIVED DEPOSIT PAID 0.00 TRANSCRIPT ORDERED TOTAL CHARGES LESS DEPOSIT 0.00 TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT TOTAL DUE PARTY RECEIVED TRANSCRIPT 0.00